ANNUAL PERFORMANCE REPORT

Department of Health and Community Services

2012-2013

Newfoundland
Labrador

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Minister's Message

I am pleased to present the Annual Report of the Department of Health and Community Services. The report highlights departmental accomplishments and activities in the past fiscal year (April 1, 2012, to March 31, 2013). This is the second year of reporting progress on the department's *Strategic Plan 2011-2014*. As Minister of Health and Community Services, I acknowledge my accountability for the results reported herein.

The Provincial Government is committed to the delivery of quality health and community services in Newfoundland and Labrador while taking a leadership role in improving the sustainability of the health care system over the long term. In Budget 2012, we demonstrated our commitment to provide quality services to the people of Newfoundland and Labrador with a record investment of nearly $3 billion in health and community services, including just over $230 million (7.7%) for infrastructure. At the same time, the department provided leadership to a range of initiatives aimed at improving efficiencies and sustainability such as the implementation of actions under both the Provincial Emergency Department Wait Time Strategy as well as the Provincial Hip and Knee Joint Replacement Wait Time Strategy.

In addition, our efforts to improve access to health care through the reduction of wait times are increasingly apparent, with Newfoundland and Labrador outperforming many other provinces in Canada. A report by the Canadian Institute for Health Information showed that Newfoundland and Labrador ranked the highest in the country with 88 per cent of hip fracture repairs performed within the 48 hour benchmark. Our province also remains second in the country in the priority areas of radiation treatment, cardiac bypass surgery, cataracts, and hip and knee replacement.

The Provincial Government has advanced a wide range of initiatives to optimize and improve the health and well-being of Newfoundlanders and Labradorians in areas such as long-term care, population health, chronic disease management and mental health and addictions. Over this past year, the department launched *Close to Home: A Strategy for Long-Term Care and Community Support Services*; released a new nutrition guide in conjunction with the regional health authorities to help parents guide children in making healthy food choices; supported projects to heighten understanding of mental illness; took steps to improve the accessibility of the Newfoundland and Labrador Prescription Drug Program; enhanced dialysis and cancer screening services and made significant investments in new equipment, including $21.4 million in rural areas, to improve access to services.

I would also like to take this opportunity to thank employees in the department, as well as the dedicated professionals who deliver first-rate health care to Newfoundlanders and Labradorians. The Provincial Government and the department remain committed to working with our partners as we continue to enhance the health and community services system to serve the people of this province today and for future generations.

Susan Sullivan

SUSAN SULLIVAN
Minister

Departmental Overview

The Department of Health and Community Services is responsible for setting the overall strategic directions and priorities for the health and community services system throughout Newfoundland and Labrador. The department works with stakeholders to develop and enhance policies, legislation, provincial standards and strategies to support individuals, families and communities to achieve optimal health and well-being. The department is also responsible for identifying key areas for strategic investments to support the health and community services system in providing the best quality health care to the people of the province. As well, the department is responsible for monitoring and reporting on the performance of various aspects of the health care system.

The following statements provide an overview of the Department of Health and Community Services. They are referenced in the department's Strategic Plan 2011-14 and serve as a foundation for the department's efforts to fulfill its mandate to provide leadership, coordination, monitoring and support to the regional health authorities and other entities who deliver programs and services. Appendix A contains a complete description of the department's mandate.

Vision

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well-being.

Mission

By March 31, 2017, the Department of Health and Community Services will have provided leadership to support an enhanced health care system that effectively serves the people of the province and helps them achieve optimal health and well-being.

Values

The department's values are reflected daily as employees fulfill their roles and responsibilities in serving their clients and are a key element of the department's culture. They include:

Professionalism: Each person is qualified and competent, and supported in their work through a culture that encourages continuing education and employee development.

Excellence: Each person makes decisions based on the best evidence available and follows proven best practices to ensure individual and departmental performance is maintained at the highest possible standard.

Transparency and Accountability: Each person takes their responsibilities to their clients seriously and contributes to a culture of openness and transparency in decision-making and reporting.

Collaboration: Each person engages others, both within and external to the department, in a positive manner, respectful of others and their different perspectives.

Privacy: Each person manages and protects information related to persons/families/organizations/communities and the department appropriately.

Lines of Business

In 2012-13, the Department of Health and Community Services was organized around two lines of business in support of its mandate. These sets of programs and/or services identify key areas of responsibility, including:

1. Policy, Planning, Program Development, Support and Monitoring

   The department provides leadership, coordination, monitoring and support to the regional health authorities (RHAs) and other entities who deliver programs and services ensuring quality, efficiency and effectiveness in the following areas:
   - Health Workforce Modeling and Planning;
   - Ambulance Services;
   - Access and Clinical Efficiency;
   - Pathology and Laboratory Services;
   - Accountability and Oversight for RHAs;
   - Special Assistance Program;
   - Home Support;
   - Disabilities Services;
   - Provincial Blood Coordinating Program;
   - Facility-based Services for Seniors (Personal Care Homes, Long-term Care Facilities);
   - Mental Health and Addictions;
   - Environmental Public Health;
   - Health Promotion and Wellness;
   - Chronic Disease and Cancer Control Management and Prevention Programs (including the Provincial Kidney Program);
   - Adverse Health Events (including the Clinical Safety and Reporting System);
   - Disease and Infection Prevention and Control (Monitoring, Surveillance, and Immunization, Distribution and Storage of vaccines);
   - Capital Facilities and Equipment;
   - Health Research;
   - Aboriginal Health;
   - Healthy Aging and Seniors;
   - Provincial Health Information Line; and
   - Emergency Preparedness.

2. Provincial Public Programs and Services Administration

   The department administers and provides funding for the following:

   - Medical Care Plan (Fee-for-service Physicians and Salaried Physicians);
   - Dental Health Plan (Children, Youth, and Adult Dental Programs);
   - Surgical Dental Program;
   - Newfoundland and Labrador Prescription Drug Program (Foundation Plan, 65 Plus Plan, Select Needs Plan, Access Plan, and Assurance Plan);
   - Newfoundland and Labrador Interchangeable Drug Products Formulary;
   - Health Workforce Recruitment and Retention;
   - Support to Community Agencies;
   - Public Health Laboratory (Responsibility for the Public Health Laboratory was transferred to Eastern Health in January 2013); and
   - Medical Transportation Assistance Program.

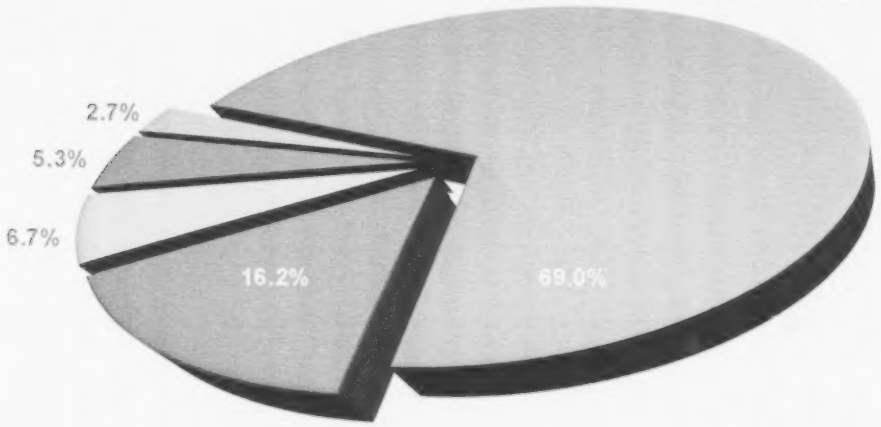
Where Health Dollars Are Spent

(2012-13 Actual Expenditures)

Health Authorities and Related Services	$1,992,589,500
MCP	$468,788,000
Capital	$194,146,200
Provincial Drug Programs	$152,461,300
Other	$78,745,200

TOTAL = $2,886,730,200

(Note: Amounts have been rounded to the nearest 100)



Departmental Structure

As of March 31, 2013, the Department of Health and Community Services had a total of 218 employees (168 females and 50 males) located at three locations across the province:

Grand Falls-Windsor:
Medical Care Plan, 33 employees

Stephenville:
Newfoundland and Labrador Prescription Drug Program, 15 employees

St. John's:
Confederation Building (Corporate, Ministerial and Branch Offices) and Belvedere Building (Medical Care Plan, NLPDP, Audit and Claims, Physician Services, and Dental Services) 170 employees.

Department of Health and Community Services
Employees by Branch

Branch	Female	Male	Total
Executive Branch	13	1	14
Minister's Office	4	1	5
Corporate Services	81	29	110
Professional Services	32	9	41
Regional Services	8	3	11
Policy and Planning	13	2	15
Population Health	17	5	22
Total	168	50	218

Departmental Restructuring

In 2012-13, the department refined and enhanced its organizational structure in order to more efficiently address the health and community service needs of the province and more effectively align with the goals identified in the Strategic Plan 2011-2014. As a result, a number of divisions were consolidated and governance of the Public Health Laboratory was assumed by Eastern Health. As of March 31, 2013, the departmental structure is as follows:

Executive Branch

- Deputy Minister
- Associate Deputy Minister
- Assistant Deputy Ministers
- Solicitor
- Communications

Corporate Services Branch

- Audit and Claims Integrity
- Financial Services
- Information Management

Professional Services Branch

- Physician Services
- Dental Services
- Pharmaceutical Services
- Pathology and Laboratory Services
- Health Workforce Planning

Regional Services Branch

- Acute Health Services, Emergency Response and Chief Nurse
- Infrastructure Management
- Long-Term Care and Community Supports

Policy and Planning Branch

- Provincial Occurrence Reporting
- Policy Development and Legislative Affairs
- Planning and Evaluation

Population Health Branch

- Public Health/Chief Medical Officer of Health
- Communicable Disease Control
- Environmental Public Health
- Healthy Living
- Office for Aging and Seniors
- Mental Health and Addictions

Shared Partnerships

Collaboration between the department and its partners is essential in order to address the strategic directions of improving population health, enhancing access to priority services and strengthening accountability and stability of health and community services. In 2012-13, the department continued to build partnerships with a variety of federal/provincial/territorial committees and organizations, with other provincial government departments and agencies, RHAs, municipalities, educational institutions and other academic organizations, unions, associations, regulatory bodies, community-based groups and individuals.

Federal Provincial Territorial (F/P/T) Governments

Council of the Federation

The Council of the Federation, an intergovernmental organization comprised of the premiers of the 10 provinces and three territories, released a report on July 26, 2012 entitled "From Innovation to Action: The first Report of the Health Care Innovation Working Group."[1] The report provided recommendations to premiers in three areas: Clinical Practice Guidelines, Team–based Health Care Delivery Models, and Health Human Resource Management. With respect to Health Human Resource Management, which Newfoundland and Labrador and Prince Edward Island co-lead, premiers endorsed a number of principles to guide additional work in this area. These principles are currently being used to explore opportunities to: facilitate better communication of information about health human resources labour markets in provinces and territories; work together across the health professions to assess changing health needs against current and projected workforce supply; create and maintain a core data base that would permit jurisdictions to share data sets and analysis of a range of key demand and supply metrics; and conduct an analysis of training capacity across jurisdictions for all health professionals in relation to current and projected health care needs. This work is expected to be completed in 2013-14.

In September 2012, provincial and territorial health and wellness ministers discussed the first report of the Council of the Federation Health Care Innovation Working Group, as well as the Working Group's new agenda, which encompassed the areas of Clinical Practice Guidelines, Appropriateness

of Care, Team Based Models, the Pan-Canadian Pricing Alliance work on brand name drugs and achieving further savings for generic drugs through the Competitive Value Price Initiative. Also discussed were continuous improvements through lean management principles, a strategy focused on improving processes in all aspects of an organization to improve outcomes, reduce costs and increase satisfaction among patients, providers and health care professionals.

Ministers also discussed recent progress and opportunities to collaborate in support of healthy living, such as tobacco reduction, access to healthy food, nutrition information and physical activity. To drive health care transformation, ministers also discussed their commitment to collaborate further on quality care and sustainability of long term care for seniors. Finally, they discussed how the shift in the Federal Government's approach on health issues is impacting Canadians and requested a meeting with the Federal Minister of Health to discuss decisions made by the Federal Government in the absence of consultations with the provinces and territories.

In January 2013, in response to previous direction to the Health Care Innovation Working Group from Premiers, the Council of the Federation announced a coordinated approach to obtain lower generic prices for prescription drugs. This shared partnership addresses the area of pharmacare, under the provincial strategic direction of access to priority services. By leveraging the combined purchasing power of provinces and territories this approach has resulted in the lowest generic prices to date in Canada for six widely-used generic drugs, whose total cost represents approximately 20 per cent of publicly funded expenditures on generic drugs in Canada:

- Atorvastatin – used to treat high cholesterol;
- Ramipril – used to treat blood pressure and other cardiovascular conditions;
- Venlafaxine – used to treat depression and other mental health conditions;
- Amlodipine – used to treat high blood pressure and angina;
- Omeprazole – used to treat a variety of gastrointestinal conditions; and
- Rabeprazole – used to treat a variety of gastrointestinal conditions.

In 2012-13, department officials also prepared for and participated in meetings with ministers, deputy ministers and other senior officials of departments and agencies such as Health Canada; the Public Health Agency of Canada; the Atlantic Canada Opportunities Agency; Human Resources and Social Development; and Statistics Canada.

This was the final year of a three year term where Newfoundland and Labrador served as the lead province for the National Blood Portfolio, a collaborative initiative between provincial and territorial governments (except Quebec), the Federal Government, Canadian Blood Services and other

1. The Health Care Innovation Working Group was chaired by Premier Brad Wall and Premier Robert Ghiz and composed of all provincial and territorial health ministers. It was established in January 2012.

key partners to ensure there is an adequate and safe blood supply available to Canadians. As lead province, the department acted as the primary liaison between participating partners, chaired the various committees and sub-committees comprising the National Blood Portfolio and worked with member provinces, territories and other key partners to analyse and develop policy options and related documentation on blood issues, including responses to new developments. The activities of the National Advisory Committee on Blood and Blood Products are reported to the lead province through the Provincial Territorial Blood Liaison Committee.

National Organizations

The department worked with a wide range of national organizations on an ongoing basis. The research, knowledge and information these organizations generated in areas such as health research/information, information management, population health assessment, health surveillance, health promotion and health protection, was used locally, provincially and nationally to build capacity and contributed to evidence-based decision making. These organizations included but are not limited to:

- Canadian Agency for Drugs and Technologies in Health
- Canadian Institute for Health Information
- Canada Health Infoway
- Dietitians of Canada
- Statistics Canada
- Pan-Canadian Public Health Network
- Public Health Agency of Canada

Provincial Government Partners

The Department of Health and Community Services worked with other Provincial Government departments and agencies to achieve its mandate. During the past year, the department led three horizontal initiatives and participated in several other cross-departmental initiatives, including:

Health and Community Services

- *Close to Home: A Strategy for Long-Term Care and Community Support Services.* www.health.gov.nl.ca/health/long_term_care/ltc_plan.pdf
- The *Provincial Healthy Aging Policy Framework* and *Provincial Healthy Aging Implementation Plan* www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf
- *Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador* www.health.gov.nl.ca/health/wellnesshealthyliving/nlprovincialwellnessplan.pdf

Tourism Culture and Recreation

Active, Healthy Newfoundland and Labrador: A Recreation and Sport Strategy for Newfoundland and Labrador www.tcr.gov.nl.ca/tcr/publications/2007/active_healthyNL.pdf

Fire and Emergency Services

Business Continuity Planning

Education

Healthy Students Healthy Schools

Service NL

Regulatory Reform Initiative

Labrador Affairs Office

The Northern Strategic Plan for Labrador www.laa.gov.nl.ca/laa/northern_strategic_plan/index.html

Advanced Education and Skills

The Poverty Reduction Strategy www.aes.gov.nl.ca/poverty/index.html

Women's Policy Office

The Violence Prevention Initiative www.gov.nl.ca/VPI/index.html

Other provincial bodies that supported the department in reaching shared objectives included:

- Department of Finance (including the Newfoundland and Labrador Statistics Agency);
- Innovation, Business and Rural Development;
- Intergovernmental and Aboriginal Affairs Secretariat;
- Office of Public Engagement;
- Office of the Chief Information Officer;
- Health Research Ethics Authority;
- Office of the Privacy Commissioner;
- Newfoundland and Labrador Centre for Health Information; and
- Other Provincial Government entities listed in Appendix B.

Regional Health Authorities

In Newfoundland and Labrador, four regional health authorities (Eastern, Central, Western and Labrador-Grenfell Health) are responsible for the direct care of individuals in hospitals, long-term care facilities, community-based offices and clinics, and for public health and community support services. The department provides strategic direction to the health authorities, including policy, planning, and program development support. The partnership between the department and the RHAs ensures health and community services in Newfoundland and Labrador are delivered efficiently, effectively and in a manner that optimizes the health and well-being of individuals, families and communities.

Provincial/Regional/Community-Based Organizations

Collaboration with community-based organizations and regulatory bodies is also critical to achieving the departmental mandate. Local partnerships provide the department with opportunities to work together with the community on common goals and objectives for mutual benefit in an effort to help improve the health of the population. In 2012-13, the department worked with a broad-range of provincial groups and organizations such as community-based organizations, professional associations and unions that include but are not limited to the:

Proclamation of Social Worker Month, 2012

- Canadian Cancer Society, Newfoundland and Labrador Division;
- Newfoundland and Labrador Alliance for the Control of Tobacco;
- Alzheimer Society of Newfoundland and Labrador;
- Autism Society of Newfoundland and Labrador;
- Canadian Mental Health Association, Newfoundland and Labrador Division;
- Eating Disorder Foundation of Newfoundland and Labrador;
- Kids Eat Smart Foundation;
- Breastfeeding Coalition of Newfoundland and Labrador;
- Newfoundland and Labrador Injury Prevention Coalition;
- Municipalities Newfoundland and Labrador;

- Seniors Resource Centre of Newfoundland and Labrador;
- Association of Registered Nurses of Newfoundland and Labrador;
- Newfoundland and Labrador Medical Association;
- Newfoundland and Labrador Public Health Association;
- Newfoundland and Labrador Association of Social Workers;
- Newfoundland and Labrador Nurses Union;
- Pharmacists' Association of Newfoundland and Labrador;
- Newfoundland and Labrador Dental Association;
- Denturist Association of Newfoundland and Labrador; and
- Canadian Institute of Public Inspectors, Newfoundland and Labrador Branch.

In addition, recognizing the importance of engaging communities and individuals directly impacted by mental health and addictions issues, the Provincial Government established a Community Leadership Committee. The committee was announced in April 2012 and consists of 20 participants from throughout the province with personal or family experience in mental health and addictions issues. This committee met three times in 2012-13 and provided advice and recommendations to the Provincial Government on awareness and anti-stigma initiatives. It is anticipated that through collaborative efforts with the Community Leadership Committee, we will begin to break down the barriers of stigma to ensure those who need mental health and addictions services receive them.

The department's commitment to community organizations throughout Newfoundland and Labrador is manifest in the strength and breadth of the relationships it has established and the support it provides, including financial support. In 2012-13, departmental funding to community organizations totalled $2.7 million. Funding of $500,000 was also provided to community organizations and agencies through the Provincial Wellness Grants Program. The Healthy Aging Seniors Wellness Grants Program provided $142,500.

Highlights and Accomplishments

Over the past year the department worked diligently to ensure timely access to appropriate health programs and services for residents of the province in an effort to help individuals, families and communities achieve optimal health and well-being. Outlined below are some of the highlights and accomplishments achieved by the department in 2012-13.

Population Health

Age Friendly Newfoundland and Labrador

On June 20, 2012, the Age Friendly Newfoundland and Labrador Transportation Project was announced as one component of *Close to Home: A Strategy for Long Term Care and Community Support Services.* The project will provide almost $1.3 million over three years to assist incorporated non-governmental organizations, municipal governments, Inuit community governments and/or reserves to explore public and private partnerships to create innovative and sustainable age-friendly transportation models. Successful applicants will receive up to $100,000 a year for three years. Five projects received funding under this program in 2012-13: Bay St. George South Area Development; Canadian Red Cross; Town of Clarenville and surrounding areas; Town of Springdale and

surrounding areas; and the St. John's Transportation Commission (Metrobus). This funding will be used to facilitate independence and social inclusion for seniors and others who live with mobility challenges by providing affordable and accessible transportation for medical, financial, and other appointments.

Disease Control and Immunization

Immunization programs are the cornerstone of child health programs and make significant differences in the health of the elderly and other individuals who have lowered resistance to disease. In 2012-13, the coverage rates for the five vaccinations (DTaP-IPV-Hib, Pneumococcal vaccine, MMR, Varicella and Men-C) offered to children from birth to two years of age were all above 97 per cent. Previous year's rates were similar, averaging over 95 per cent. The accomplishments of the immunization program continue to advance the focus area of communicable disease control under the strategic direction of population health.

Healthy Eating

Healthy eating practices that are established in a child's early years set the foundation for a healthy life. In October 2012, the Provincial Government, in collaboration with the RHAs released a new guide, *Healthy Eating for Your Toddler* to help parents guide children in making healthy food choices. This guide gives parents and caregivers practical information on how to help children develop positive eating habits to last a lifetime. Through collaboration with the RHAs, copies of *Healthy Eating for Your Toddler* have been made available to the general public during the 12-month Child Health clinic visit and at regional health promotion offices. The guide is also available on the Department of Health and Community Services website at: www.health.gov.nl.ca and the Baby-Friendly NL website at: www.babyfriendlynl.ca. Recommendations in the new guide support key directions and actions identified within provincial and regional strategies including: *Achieving Health and Wellness:* Provincial Wellness Plan for Newfoundland and Labrador and *Eating Healthier in Newfoundland and Labrador*, the provincial food and nutrition plan.

Mental Health

Five associations that support mental health awareness initiatives (Canadian Mental Health Association Newfoundland and Labrador Division, Roots of Empathy, Eastern Health, Stella Burry Community Services and the Eating Disorder Foundation of Newfoundland and Labrador) were awarded a total of $350,000 in project-based funding from the department in 2012-13. The projects are intended to enhance understanding of mental illness and reduce stigma. The projects support the efforts of the department's e-mental health and awareness program. These investments will ensure that individuals have access to programs and services, when and where needed.

Access to Priority Services

Enhancing access and providing quality health care services throughout Newfoundland and Labrador continues to be a priority of the Provincial Government. Investments in 2012-13 focused on the priority areas of dialysis, addressing drug costs, enhancing breast and colon cancer screening and improving infrastructure. Below are specific highlights for some of these priority areas:

Dialysis Enhancements

In 2012-13 dialysis services were expanded in Harbour Breton, St. Anthony, Happy Valley-Goose Bay, Carbonear and Corner Brook. Specifically, 2012-13 investments included funding to expand dialysis services in Harbour Breton to accommodate up to 12 residents on hemodialysis who currently commute or have relocated to Grand Falls- Windsor to access this specialized service. This satellite site will be the 15th in the province.

In 2012-13, the department also provided funding to enhance existing dialysis services at the Charles S. Curtis Memorial Hospital in St. Anthony, the Labrador Health Centre in Happy Valley-Goose Bay and the Carbonear General Hospital to increase the access to these services closer to home. Lastly, Western Memorial Regional Hospital in Corner Brook received funding to expand their dialysis services. In 2003, the province had a capacity for 340 patients on hemodialysis at seven sites. The province can now accommodate 531 patients at 14 sites throughout the province.

Improvements to Breast Cancer Screening

Consistent with Blue Book commitments in the area of cancer control, the department expanded its Breast Cancer Screening Program at existing sites to include women aged 40-49 who are referred by their primary health care provider. This expansion included the addition of a newly planned mammography unit for the James Paton Memorial Hospital in Gander.

Colon Cancer Screening Program

The department, in partnership with Eastern Health and Western Health, launched the Newfoundland and Labrador Colon Cancer Screening Program in July 2012 in Corner Brook. The screening program will be phased in over a three-year period with the first phase being implemented in western Newfoundland. The goal of the Colon Cancer Screening Program is to reduce provincial mortality rates through the early detection of cancer in people who carry the disease, but show no symptoms. The Newfoundland and Labrador Colon Cancer Screening Program is led by Eastern Health, which administers the provincial Cancer Care Program. The target age group for the new program is men and women aged 50 to 74 who are considered at average risk for colon cancer.

Long-Term Care and Community Support Services

On June 20, 2012, the Provincial Government released *Close to Home: A Strategy for Long-Term Care and Community Support Services*, a 10-year strategy to help guide and transform the delivery of long-term care and community support services in Newfoundland and Labrador. Over the first five years of the strategy, there will be an increase in total annual investments in long-term care and community support services up to $760 million per year. The strategy is focused on helping people requiring long-term care and community support services achieve optimal independence and quality of life in their homes and communities and revitalizing and strengthening long-term care services throughout the province. In 2012-13 under this strategy the department hired new human resources within the community supports system; worked with the Newfoundland and Labrador Statistics Agency to begin a bed projection modeling

project for the long term care sector to better inform future decision making; funded additional human resources to continue implementation of the Inter-RAI assessment tools that will be utilized to determine care plans for individuals living in Long Term Care facilities and for appropriate individuals residing in community settings; provided funding to increase the home support hourly subsidy rate for both agency and self-managed rates by 25 cents per hour (thereby increasing the differential above minimum wage to $2.25), increased the monthly maximum funding ceiling; and provided funding to support the growth of the Home Support Program.

Addressing the Cost of Prescription Drugs

In 2012-13, the department invested $150 million in the provincial prescription drug program which included funding for the coverage of new drug therapies. As well, the Provincial Government implemented its new generic drug pricing strategy, which reduced the cost of generic drugs for all residents of the province. Further, as a result of a new agreement with the Pharmacists' Association of Newfoundland and Labrador, the department increased its funding to support pharmacies, including those operating in rural Newfoundland and Labrador. An enhancement to the 65Plus Plan, which sets the maximum co-payment per drug claim for seniors at six dollars, will protect seniors from paying more for their drug costs. These activities all address the focus area of pharmacare initiatives under the access to priority services strategic direction.

Infrastructure Achievements

In 2012-13 the department provided $230.5 million for infrastructure to improve access to priority services, including $158.9 million for continuing construction and redevelopment. These investments enabled the department to advance construction on a number of priority infrastructure projects, including two that were seen through to completion: improvements of the Forensic Unit at the Waterford Hospital in St. John's and construction of the North Haven Manor and Dementia Care Bungalow in Lewisporte.

Labrador Health Centre, Happy Valley-Goose Bay

Below is a list of other significant infrastructure initiatives the department funded during 2012-13:

- Continued construction of a new regional hospital in Labrador West;
- Continued construction of the Craig L Dobbin Genetics Research Centre in St. John's;
- Continued development of the youth treatment centres in Grand Falls-Windsor and Paradise and the adult treatment centre in Harbour Grace;
- Continued redevelopment of the Central Newfoundland Regional Health Centre in Grand Falls-Windsor;
- Advanced the planning of the PET Scanner Project at the Health Sciences Centre in St. John's;
- Continued re-development of the emergency department at St. Clare's Mercy Hospital in St. John's;
- Planning and design of the Marystown North Clinic;
- Continued planning and construction of the Glovertown Health Clinic;
- Continued planning for a new acute care facility in Corner Brook;
- Continued construction of the Flowers Cove Health Centre;
- Continued construction of the St. John's Long-term Care Facility;
- Continued construction of the Carbonear Long-term Care Facility;
- Advanced the planning of a restorative care unit at the long-term care facility in Corner Brook; and
- Continued planning and construction of a Dementia Care Bungalow in Bonavista.

Repairs/Renovations and Medical Equipment

In 2012-13, to further improve access to services, the department invested $45 million in new equipment and $26.6 million for repairs and renovations. New equipment purchases included funding for IV pumps and laboratory equipment for the Buchan's Health Care facility, a new ultrasound machine for the James Paton Memorial Health Centre and eight laboratory refrigerators for the Burin Peninsula Health Care Centre. Similarly, funding for repairs and renovations included the renovation of three rooms for bariatric patients at the Western Memorial Regional Hospital, the renovation of the Fogo Island Health Centre's blood collection area and laboratory, and renovations for the continued expansion of the outpatient surgical services area at the Dr. G.B. Cross Memorial Hospital in Clarenville.

Rural Infrastructure

This past year, the department spent approximately $90 million, out of a total investment of over $141 million provincially for new capital construction and major re-development of health care centres in rural areas, thereby furthering the strategic direction of access to priority services in the focus area of rural health. Some of the funded projects included the construction of the new long-term care facilities in Lewisporte and Carbonear; the continued construction of a new regional hospital in Labrador West; the redevelopment of the Central Newfoundland Regional Health Centre in Grand Falls-Windsor; and, the continued planning and construction of clinics in Marystown North and Glovertown, and the health centre in Flowers Cove. The department also invested $45 million in new equipment, $21.4 million of which was spent in rural

Newfoundland and Labrador. Over $16 million was spent on rural facilities. Increasing access to health care services for residents in every region in the province remains an important priority for our government.

Accountability and Stability of Health and Community Services

Provincial Wait Time Strategies

The department continued to enhance access to health care services throughout Newfoundland and Labrador in 2012-13 as funding was provided to reduce wait times in emergency departments and for joint replacement surgeries. As a result of the department's efforts in this area, a recent wait times report released on March 19, 2013, by the Canadian Institute for Health Information, shows that Newfoundland and Labrador is outperforming many other provinces in Canada in its wait times. Newfoundland and Labrador remains second overall in the priority areas of radiation treatment, cardiac bypass surgery, cataracts, and hip and knee replacement. The report also highlighted that 88 per cent of patients received hip fracture surgery within the 48-hour benchmark in our province which is the highest rate in the country.

Implementation of Cameron Report Recommendations

Addressing the recommendations of Madam Justice Cameron[2] is important to the department as it represents a vital step in ongoing efforts to restore public confidence in the provincial health care system.

As of March 31, 2013, 55 of the 60 recommendations have been completed or are substantially complete. Several major successes have been achieved in the past year including the accreditation of all laboratories in the province. These facilities have been assessed and granted four-year accreditation certificates by the Institute for Quality Management in Healthcare (IQMH). Accreditation is a peer review process which ensures that laboratories meet explicit quality management criteria, standardize their processes, and meet national benchmarks. Through this process, the public can be assured that laboratory medicine in Newfoundland and Labrador is practiced to a very high standard. Another recommendation completed in 2012-13 was the proclamation of the *Health Professions Act* on October 5, 2012. This new Act requires all medical laboratory technologists working in laboratories in the province to be licensed by the Newfoundland and Labrador Council of Health Professionals. Lastly, in 2012-13, the implementation of the Provincial Electronic Occurrence Reporting System in Central Health, Western Health, and Labrador-Grenfell Health was completed. Eastern Health's Electronic Occurrence Reporting System has been fully implemented since October 2011. Notwithstanding these successes, the department, the Newfoundland and Labrador Centre for Health Information and the RHAs, are continuing to work on implementing other complex recommendations, such as the development of Electronic Health Records and Electronic Medical Records.

2. The Honourable Justice Margaret A. Cameron was appointed Commissioner of the Commission of Inquiry on Hormone Receptor Testing in 2007. Known as the "Cameron Report", the inquiry was an investigation into the estrogen and progesterone receptor (ER/PR) tests performed in Newfoundland and Labrador from 1997 to 2005.

Aquilion

Report on Performance 2012-13

The department is building, adjusting and maintaining a health care system that is ready to meet the challenges of today and tomorrow. The following mission demonstrates how the department will move forward to address these challenges, while fostering a sustainable health care system.

Mission

By March 31, 2017, the Department of Health and Community Services will have provided leadership to support an enhanced health care system that effectively serves the people of the province and helps them achieve optimal health and well-being.

Measure: Leadership Provided

Indicators:

- Implemented an evaluation framework
- Demonstrated policy and program effectiveness
- Increased use of technology related to increased access
- Achieved efficiency and effectiveness in identified areas
- Analysed evidence of quality and safety improvements
- Increased policy support for health professionals
- Implemented strategies in priority areas

Goals and Objectives 2011-2014

In the department's *2011-14 Strategic Plan*, Quality and Safety, Improved Access and Increased Efficiency, Population Health, and Demographics and the Delivery of Health and Community Services were identified as areas that need to be addressed in order to advance progress in achieving the strategic directions of the Provincial Government. To address these issues, three-year goals, with corresponding annual objectives, were developed. The department reported on the annual objectives for year one of the plan in 2011-12. This year the department is reporting on its success in achieving the annual objectives for 2012-13 and presents the objectives and related indicators for 2013-14.

Strategic Issue #1 – Quality and Safety

Quality and safety are the foundation of a strong health and community services system. In partnership with the RHAs and other entities and groups, the department makes every effort to ensure that quality and safety are hallmarks of every aspect of the health and community services system in Newfoundland and Labrador, from ensuring a stable health workforce to providing the necessary equipment, facilities and technologies to keep people healthy. Monitoring and reporting systems are implemented to ensure the delivery of care is assessed on an ongoing basis, while opportunities for improvement are identified and acted on. Ultimately, enhancements to quality and safety help protect the public by ensuring the system is performing at the highest level, thereby advancing the strategic direction of accountability and stability of health and community services.

In 2012-13, the department implemented a range of initiatives to strengthen quality and safety in the areas of health human resources, workforce planning and recruitment and retention. These efforts build upon previous work devoted to attracting and retaining health care service providers and ensuring that the health workforce is stable and appropriately supplied.

STRATEGIC ISSUE #1: QUALITY AND SAFETY

GOAL 1:

By ***March 31, 2014***, the department will have enhanced support for training and licensing to improve health care resources.

Measure:

Enhanced Support for training and licensing

Indicators

- Implemented select provincial standards
- Enhanced policy frameworks for educational and training standards of licensure
- Achieved laboratory accreditation

Goal 1, Objective 2:

By ***March 31, 2013***, the department will have strengthened health workforce planning.

Measure:

Strengthened Health Workforce Planning

Indicators	2012-13 Progress
Implemented the injury prevention pilot program in long-term care	Patient handling tasks are a leading contributor to injuries among health care workers, who are more likely to suffer from workplace-related injuries than individuals who work in other sectors. In order to help address this issue, the department developed a pilot program for nursing staff employed in long term care to promote safe patient handling and to prevent injuries to the staff. The pilot program consists of education and training, installation of lifting equipment, and the creation of several new positions for program coordination, policy development, education, and training. The injury prevention pilot program was implemented in ten long-term care homes across all four RHAs. An evaluation of the pilot is expected to be completed in January 2014.
Completed the workforce planning models for registered nurses and dieticians	The workforce planning model for dieticians has been completed and the model for registered nurses is nearing completion. To ensure adequate opportunity for stakeholder involvement and contribution, additional time is needed to finalize the model for registered nurses. The models will seek to balance current and future workforce needs with the available workforce supply by analyzing labour market development trends.

Indicators	2012-13 Progress
Monitored the implementation of the Human Resource Information System in the remaining three regional health authorities	The Human Resource Information System contains a variety of information including, employees' career history; salary and benefits; performance appraisals; grievances; employee wellness; recruitment activity; and, training and development. Monitoring of the implementation of the Human Resources Information System in Central, Western and Labrador-Grenfell Health occurred in 2012-13 (Eastern Health previously upgraded its Health Human Resource Information System in 2010-11). In order to monitor the implementation of the system in the three remaining health authorities, a steering committee met monthly to evaluate project progress and address new developments, including any issues of concern, such as delays and risk factors. Steering committee members include human resources and information technology personnel from the three RHAs involved in implementation and the department.
Developed policies related to recruitment and retention of the province's health workforce	In 2012-13, the department developed or adjusted a number of policies related to the recruitment and retention of the province's health workforce. In September 2012, the department revised and updated its Health Professional Bursary Programs, including the Difficult-to-Fill Nursing Bursary, Bachelor of Nursing Bursary and Nurse Practitioner Bursary. The Signing Bonus Program for Selected Health Services Occupations was evaluated in 2012-13 and a decision made to continue this program. The Signing Bonus Program targets difficult-to-fill positions, such as Audiologist, Medical Radiation Technologist, Occupational Therapist, Registered Nurse and Social Worker. In February 2013, an Enhanced Bursary and Signing Bonus Program for Clinical Psychologists was implemented. As well, market adjustments proposals (a type of additional remuneration to overcome employee recruitment/retention challenges with the amount based on current market conditions) were developed for power engineers, pharmacists, cardiovascular perfusionists, medical physicists, radiation therapists and dosimetrists.

Indicators	2012-13 Progress
Completed an evaluation of bursary programs for dentists, bachelor of nursing students, nurse practitioners and difficult-to-fill health professions.	Bursary programs provide financial assistance incentives to students for a return-in-service obligation. Evaluations of the bursary programs for dentists, bachelor of nursing students, nurse practitioners and difficult-to-fill health professions were completed in 2012-13. The evaluation methodology for each involved a jurisdictional review to describe and compare the terms and conditions of programs designed to recruit non-physician health care workers to rural and underserved communities, an analysis of the administrative program data from the programs for each bursary type as well as open-ended qualitative interviews with participants of these programs to gain insight into their experiences with and perceptions of these programs. The evaluations found that the programs have been effective in recruiting health professionals to rural and underserved communities in the province.
Finalized the Strategic Health Workforce Plan 2012-2015	In 2012-13, the department completed work on the development of a Strategic Health Workforce Plan.

Discussion of Results

In 2012-13, the department took a number of steps to strengthen health workforce planning in the province. A workforce planning model was completed for dieticians and is nearing completion for registered nurses. The modelling contains recommendations on closing any projected gaps with respect to current and future workforce needs in relation to the available workforce supply. This work was conducted in collaboration with employers, government officials, educators and regulatory bodies. Initiatives focused on addressing recruitment and retention of the province's health workforce were also a key focus of activity. In addition to developing, updating and/or revising policies related to the province's bursary and signing bonus programs, a number of market adjustment proposals were developed. These measures help ensure that the health care system is able to consistently recruit new professionals, especially in hard-to-fill positions who contribute to the stability of the workforce, particularly in rural and underserved areas.

Provincial leadership in quality and safety was also demonstrated through monitoring of the implementation of the Health Human Resource Information System in the Central, Western and Labrador-Grenfell Health Authorities. This system enhances the ability of the RHAs to manage their human resources and provides increased capabilities in a number of important areas. In addition, the improvements in the level of detail, and the quality of the data from implementation of the system will help the department evaluate ongoing health workforce initiatives and strengthen future planning.

Objective 3:

By March 31, 2014, the department will have evaluated priority health workforce planning initiatives to determine impact and proposed future direction.

Measure:

Evaluated priority health workforce planning initiatives to determine impact and propose future direction.

Indicators:

- Completed an evaluation of the implementation of the Health Human Resources Information System.
- Completed performance monitoring report on the Remuneration of Physician Leadership Positions Program.
- Completed performance monitoring of the Youth Outreach Worker initiative.

STRATEGIC ISSUE #1: QUALITY AND SAFETY

GOAL 2:	Measure:	Indicators
By ***March 31, 2014***, the department will have improved monitoring to enhance system performance and meet the needs of the population now and in the future.	Improved Monitoring	· Assessed data collection mechanisms in select subject areas · Improved the quality of laboratory services · Continued improvement in management of adverse health events · Supported implementation of the Provincial Clinical Safety Reporting System (CSRS) in regional health authorities

Goal 2, Objective 2: By ***March 31, 2013***, the department will have started the analysis of trends in occurrence reporting to identify system improvements over time.

Measure: Started the Analysis of Trends

Indicators	2012-13 Progress
Completed implementation of the Clinical Safety Reporting System in the regional health authorities	The Clinical Safety Reporting System (CSRS) is an electronic tool used by health care providers in Newfoundland and Labrador to report patient safety occurrences or close calls. Its purpose is to ensure appropriate follow up of occurrences, reduce reoccurrences, share lessons learned from adverse events and have a positive impact on patient safety. The CSRS was implemented in all four RHAs. Implementation was funded by the department and was based on the application implemented in Eastern Health, with consultation and agreement from all RHAs. Guidance for implementation was provided through a Provincial Steering Committee, which included representation from the department and regional implementation teams.
Implemented provincial reporting in one of the following sectors (i.e. long-term care, acute care, community services)	Provincial reporting was implemented in the long term care sector. The department, in collaboration with the four RHAs, began collecting occurrence data in the first quarter of 2012-13.

Indicators	2012-13 Progress
Identified occurrence reporting trends in one of the following sectors (i.e. long-term care, acute care, community services)	The provincial Long Term Care Sector Report (draft) identified regional and provincial occurrence reporting baseline trends in the long term care sector.

Discussion of Results

Occurrence reporting is a key means by which health care systems attempt to mitigate and reduce close calls, occurrences and adverse events. The occurrence reporting process helps to identify, monitor, and analyze occurrence trends in health care settings. The information can then be used to develop corrective action plans, and ultimately improve patient safety. In 2012-13, the department completed implementation of the Clinical Safety Reporting System in all RHAs and implemented reporting using the system in the long-term care sector. Baselines for the volume and severity of occurrences using data from the first quarter of 2012-13 were identified. This baseline data will be assessed against future reports to confirm quality and accuracy. With implementation of the Clinical Safety Reporting System completed in all four RHAs, focus will shift to managing, reviewing, analyzing and reporting on occurrence trends.

Objective 3: By ***March 31, 2014***, the department will have implemented strategies for occurrence reporting and made refinements based on continuous monitoring.

Measure: Implemented strategies for occurrence reporting and made refinements based on continuous monitoring

Indicators:

- Developed a tool to audit selected criteria in the Clinical Safety Reporting System.
- Developed an action plan to address the implementation evaluation results.

Strategic Issue #2 – Improved Access and Increased Efficiency

Given the province's vast geography, dispersed population and changing demographics, the provision of accessible and cost-effective health care to Newfoundlanders and Labradorians is challenging. The department is committed to enhancing access to the health and community services system including the reduction of wait times. Over the past number of years the department has taken a strategic approach in this area by providing leadership in the planning, delivery, monitoring and evaluation of programs and services and by ensuring that meaningful investments were made in the health and community services system to improve the efficiency and accessibility of services.

In 2012-13 the department made significant progress toward advancing the strategic direction of improving access for priority services. For example, the department supported a reduction in length of stay rates due to the implementation of expanded hours of physiotherapy services on the orthopedic inpatient units at the Health Sciences Complex and St. Clare's Mercy Hospital. In addition, the department continued research on new models of service delivery such as central intake clinics for orthopedic surgeries which will improve access to services by further reducing wait times.

STRATEGIC ISSUE #2: IMPROVED ACCESS AND INCREASED EFFICIENCY

GOAL 1:	Measure:	Indicators
By ***March 31, 2014***, the department will have improved access for selected services to contribute to improved health outcomes.	Improved Access	· Developed a wait times management plan · Improved wait time results for the five pan-Canadian benchmark areas (curative radiotherapy, cardiac bypass surgery, cataracts, hip replacement, knee replacement, hip fracture repair, breast screening and cervical screening) · Enhanced department structures for access and clinical efficiency · Expanded use of telehealth · Completed environmental scan in endoscopy services · Expanded web-based wait time reporting · Implemented innovative options for mental health and addictions services

Objective 2: By ***March 31, 2013***, the department will have continued implementation and monitoring of system changes to improve access.

Measure: Continued Implementation and Monitoring

Indicators	2012-13 Progress
Implemented standardized provincial wait time reporting for select cancer surgeries and endoscopy services	While there are no nationally established benchmarks for cancer surgery, a cross-jurisdictional scan showed that over half the provinces are reporting cancer surgery wait times on their websites. In this province, the RHAs collected wait times for confirmed cancer surgery for the following body sites: bladder, breast, colorectal, lung and prostate cancer in keeping with the provincial methodology. The department has been reporting cancer surgery wait times quarterly on the government's website since September 2012. While there are also no nationally established benchmarks for endoscopy wait times, in 2006, the Canadian Association of Gastroenterologists developed consensus-based access targets to identify medically acceptable wait time targets for endoscopy procedures. A provincial endoscopy data working group was established with representatives from all of the RHAs and the department to develop provincially standardized endoscopy wait time metrics for the reporting, monitoring and measurement of the provincial endoscopy system. A standardized provincial methodology was developed and implemented whereby RHAs began collecting and reporting wait times for colonoscopy services to the department in 2012-13.
Applied provincial guidelines in the measurement, monitoring and reporting and no-show rates for endoscopy services provided by the regional health authorities	Outpatients who have been informed of their appointment date and who, without notifying the hospital or physician's office do not attend their appointment create challenges on the system. The failure of the patient to attend an appointment leads to subsequent delays for other patients, wasted resources and increased costs. In June 2012 the Provincial Endoscopy Advisory Committee, comprised of representatives from all four RHA's adopted a provincial no-show guideline to ensure that access to planned elective care across the province is maximized and resource wastage is minimized. The no-show guideline, used by RHAs in the development of no-show policies, states that all patients, except for those referred urgently, should be referred back to their GP and should be re-referred if a further appointment is required, following failure to show for an appointment. Central Health and Labrador-Grenfell Health successfully implemented no-show policies in 2012-13. However Eastern Health and Western Health did not implement policies in this area as further work is required to prepare meditech and physicians' offices for full implementation. It is expected these regions will have policies implemented in 2013-14.

Indicators	2012-13 Progress
Completed external reviews of three category A emergency departments	Emergency department reviews began at the Janeway Hospital, Western Memorial Regional Hospital and the Central Newfoundland Regional Health Centre as committed. External consultants were hired to carry out this work and while the majority of the work associated with the reviews was completed in 2012-13, final reports are not expected to be received until early in 2013-14 as there have been challenges in collecting and providing the consultants with all of the necessary information required to complete the analysis.
Completed baseline measurements of Wait 1 for initial orthopedic consultation	In May 2012, Wait 1 baseline data was collected for initial orthopedic consultation on patients who had surgery performed in fiscal 2011-12 in the Western and Central Health Authorities. Wait 1 is defined as the length of time from when a patient is referred to see a specialist, to when they are first seen. This information was collected from chart reviews during onsite visits by department officials. The data showed variation and some long wait times which further demonstrate the need for central intake clinics in these areas. Eastern Health and Labrador-Grenfell Health were not included in the site visits as Eastern Health has already established a Central Intake Clinic which allows for electronic collection of Wait 1 times, and Labrador-Grenfell Health does not provide joint replacement surgery except for a limited number in St. Anthony.
Provided oversight to the implementation of expanded hours of physiotherapy services on the orthopedic inpatient units at the Health Sciences Complex and St. Clare's Mercy Hospital	The department provided oversight by monitoring Eastern Health's implementation of expanded hours of physiotherapy services on the orthopedic inpatient units at the Health Sciences Complex and St. Clare's Mercy Hospital. Eastern Health hired two permanent physiotherapist positions in order to provide full time consistent weekend physiotherapy services, which were not available previously. The purpose of this initiative is to decrease the length of stay for patients by increasing mobilization.

Indicators	2012-13 Progress
Continued research in developing new models of service delivery, including use of social media.	During the summer of 2012, the department conducted a best practice review of e-mental health therapies. This work provided the department with evidence for the most appropriate delivery of e-therapies and highlighted national and international promising practices. Appropriate and best practice use of social media was also reviewed. A more thorough review of social media is expected on 2013-14. Over the past couple of years, the department also has been researching the feasibility of establishing Central Intake and Assessment Clinics in its RHAs. Central Intake and Assessment Clinics have emerged nationally as a model to improve patient coordination and quality of care through a coordinated intake approach. In 2011-12, the department approved temporary funding for a two-year pilot project to support the implementation of this new service delivery model within Eastern Health and in 2012-13, Eastern Health conducted an evaluation of the pilot and found that implementation of the Orthopedic Central Intake Model and the establishment of a Central Assessment Clinic clearly demonstrated significant, sustained improvements in Wait Time 1, Wait Time 2 and patient flow. As a result central intake and assessment clinics are now being established in Gander and Corner Brook.

Discussion of Results

The department dedicated resources over the past fiscal year in recognition of its commitments to improve access and increase efficiency. In 2012-13, the department implemented standardized provincial wait time reporting for select cancer surgeries and endoscopy services. Provincial guidelines were also applied for the measurement, monitoring and reporting of no-show rates for endoscopy services in two of the four RHAs. The department also hired an external consultant to complete reviews of three Category A emergency departments and is currently using the preliminary results of these reviews to improve efficiency and patient flow within the departments.

Significant work was also achieved in collecting baseline measurements of Wait 1 times for initial orthopedic consultation in the Western and Central Health Authorities. In addition, the department provided oversight to the implementation of expanded hours of physiotherapy services at the Health Sciences Complex and St. Clare's Mercy Hospital which resulted in reduced length of stay rates for orthopedic patients.

Objective 3: By **March 31, 2014**, the department will have begun to evaluate health system changes and identified areas for performance improvements.

Measure: Began evaluating health system changes and identified areas for performance improvements.

Indicators:

- Monitored the evaluation of the Tele-Diabetes and Tele-Stroke services initiatives in select Regional Health Authorities and identified areas for performance improvements based on the results of the evaluation.
- Initiated the collection, measurement, monitoring and reporting of Wait 1 for initial orthopedic referral in the three Orthopedic Central Intake Clinics in order to identify areas for health system performance improvements.
- Continued to implement recommendations from the emergency department reviews related to performance improvements.
- Standardized the collection, reporting and use of emergency department wait time data in order to inform performance improvements
- Identified and implemented performance improvements in order to decrease wait times for urgent colonoscopy procedures.
- Initiated the monitoring and evaluation of the two newly planned Youth Mental Health Treatment Centres

Strategic Issue #3 – Population Health

The department recognizes that achieving optimal health and well-being is about more than treating illness. Chronic disease, which includes some of the most common and costly illnesses to treat, is a key challenge facing the health care system in Newfoundland and Labrador. Some of the highest rates of heart disease, cancer and diabetes in Canada are found in this province. The risk factors that contribute to chronic disease are diverse, including some factors that are within an individual's control, such as personal health practices, and others, such as genetics, that are more difficult and complex to influence. Improving the health status of a population recognizes that it is better to take steps to keep people healthier longer, rather than simply treat and care for them when they are ill. By taking a leadership role in the prevention of illness and chronic disease, the department can help positively impact the quality of life for individuals, families and communities in Newfoundland and Labrador while reducing longer-term health care costs.

Advancing the strategic direction of improving population health requires the coordinated efforts of the entire health and community services system in close collaboration with the community. In 2012-13, the department increased collaboration with provincial partners to develop key, provincial core health status indicators, assessed monitoring mechanisms for population health initiatives, advanced initiatives in communicable disease control and obtained stakeholder input in the development of a Provincial Environmental Health Strategy.

STRATEGIC ISSUE #3: POPULATION HEALTH

GOAL 1:

By ***March 31, 2014***, the department will have enhanced initiatives that focus on prevention of illness and injury, and protection and promotion of health and well-being, to improve the health status of the population.

Measure:

Enhanced Initiatives

Indicators

- Confirmed core health status indicators
- Improved coordination for population health
- Strengthened policy
- Continued implementation of wellness priorities
- Strengthened communicable disease control
- Developed an environmental health strategy

Objective 2

By ***March 31, 2013***, the department will have established processes for monitoring population health initiatives.

Measure

Established Processes

Indicators	2012-13 Progress
Increased collaboration with provincial partners, such as the Newfoundland and Labrador Centre for Health Information and the regional health authorities, as well as national groups, such as the Canadian Institute for Health Information to develop key, provincial core health status indicators	In 2012-13, the department partnered with the Newfoundland and Labrador Centre for Health Information and developed core health status indicators for each of the department's four strategic issues. This work occurred through the Evidence to Policy Committee, in addition to meeting on a regular basis to facilitate the use of information, research and evaluation to support provincial policy and program development and implementation.[3] The department also worked with the Canadian Institute for Health Information on a new initiative aimed at strengthening health system performance reporting. The Enhanced Health System Performance Reporting Initiative[4] is pan-Canadian in scope, builds on the Canadian Institute for Health Information's more than 10 years of work in indicator development and public reporting on health system performance. The initiative will be informed by consultations with key partners, including the general public, patients, health system managers, clinicians and provincial and territorial policy-makers.

3. The Evidence to Policy Committee was established in 2011 and includes representation from the department and the Newfoundland and Labrador Centre for Health Information.

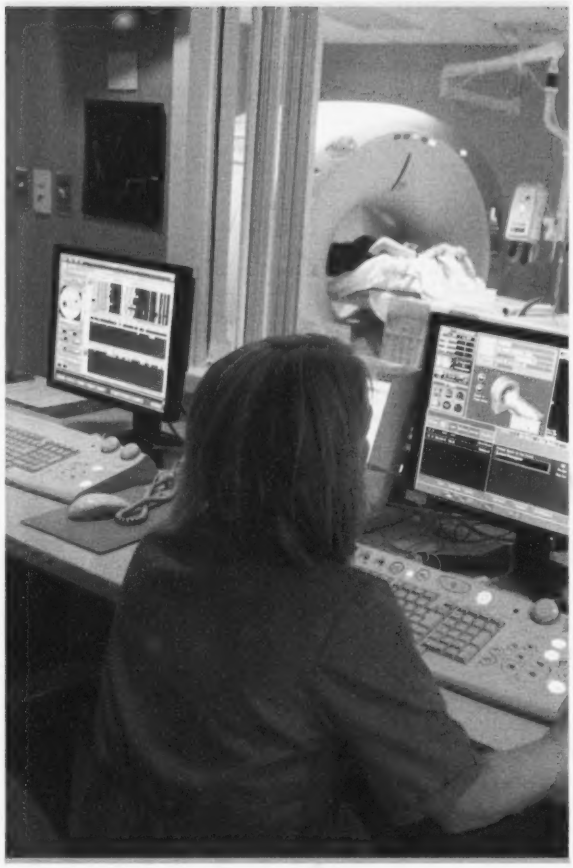
4. www.cihi.ca/cihi-ext-portal/pdf/internet/hsp_initiative_backgrounder_en

Indicators	2012-13 Progress
Assessed current monitoring mechanisms for population health initiatives	In 2011-12, the department piloted a new influenza reporting tool. In 2012-13, the department conducted a survey of users to obtain feedback on their experiences with the reporting system, with overall results being positive. Users found the new system easy to use and that it offered rapid, secure and timely access to data. Based on feedback, a few elements were refined to enhance the reporting tool. The information provided in the reporting tool is used for a variety of purposes across the health care system for the preparation of its weekly Influenza Reports during flu season. Based on an assessment undertaken, monitoring mechanisms or evaluation plans were also developed in the areas of cancer control, youth treatment centres, and waitlists for mental health and addictions programs. In 2012-13 the Provincial Cancer Control Advisory Committee developed an evaluation plan for the Provincial Cancer Control Policy Framework. The Provincial Cancer Control Policy Framework encompasses all aspects of cancer care along the cancer care continuum including: prevention, screening, early detection, diagnosis, treatment, rehabilitation, support and palliative care services. It identifies nine policy directions for more effective cancer control in the province. The Evaluation Plan focuses on determining whether or not the Cancer Control Policy Framework is making a difference or achieving its intended results; assessing whether the Framework is still relevant, and whether it is serving a need. The evaluation is set to begin in 2015-16. In 2013-14, the province is planning to open two new Youth Treatment Centres, located in Paradise and Grand Falls-Windsor, which will provide mental health and addictions services to youth from across the province. To help ensure that program staff consistently collects the required information and program data to effectively measure whether or not all provincial treatment centres are making progress towards their established outcomes, the department began development of a Provincial Treatment Centre Evaluation Plan in 2012-13. In 2012-13, the department implemented a quarterly waitlist reporting requirement for mental health and addictions programs in the RHAs. The number of people waiting for mental health and addictions services and the wait times range was submitted to the department by each health authority on a quarterly basis. The information was used to monitor access to mental health and addictions services.

Indicators	2012-13 Progress
Advanced initiatives in communicable disease control	Surveillance of health care-associated infections is a key area of practice for the department. In 2012-13, the department worked in collaboration with the Community and Hospital Infection Control Association – Newfoundland and Labrador to support education initiatives for infection control practitioners, healthcare workers and the public. In addition, guidelines were refined or developed to support policy development for infection control professionals, healthcare facilities and healthcare providers in the area of infection prevention and control. A surveillance program for health care-associated infections was launched in 2009 with methicillin-resistant Staphylococcus aureus and clostridium difficile infections identified for provincial reporting. The disease control, immunization and infection prevention and control manuals maintained by the department were updated as appropriate to reflect current best practices. In 2012-13, the department continued its support of STOP! Clean Your Hands Day in order to create awareness of the critical role good hand hygiene plays in preventing and reducing the spread of bacteria, infections and communicable diseases. Promotional materials with the theme of Scrub Up, including educational posters, targeting families, children and health care professionals and for use in a variety of settings, such as workplaces and schools, were developed and made available through the department, the RHAs and online.
Obtained stakeholder input into the development of a Provincial Environmental Health Strategy	Environmental health stakeholders, including Service NL, the Department of Environment and Conservation, the Department of Transportation and Works, Memorial University and Health Canada provided input into the preliminary components of a provincial environmental health strategy. Input was received through meetings with select representatives from each of the above entities.

Discussion of Results

The Evidence to Policy Committee is an important forum for enhancing collaboration between the department and the Newfoundland and Labrador Centre for Health Information. The committee monitors trends in health service delivery and population health status and uses information from committee discussions to inform health and community services planning. In addition to its work on indicator development, the committee provided leadership for other activities, such as coordinating the planning for a Research and Evaluation Day, to promote knowledge transfer and information exchange among researchers, practitioners and health policy professionals in Newfoundland and Labrador.



In 2012-13, the department also made significant progress in assessing current monitoring mechanisms of priority population health initiatives. For example, the department developed an evaluation plan for the Cancer Control Policy Framework; and initiated development of an evaluation plan to support the opening of two new youth treatment centres. Over the coming years, the department will utilize the information and data collected through its partnerships and the various monitoring mechanisms already in place to begin evaluations of priority initiatives and progress towards the overarching goal of improving population health in Newfoundland and Labrador

Objective 3 By ***March 31, 2014***, the department will have started to evaluate priority initiatives.

Measure Evaluated Priority Initiatives

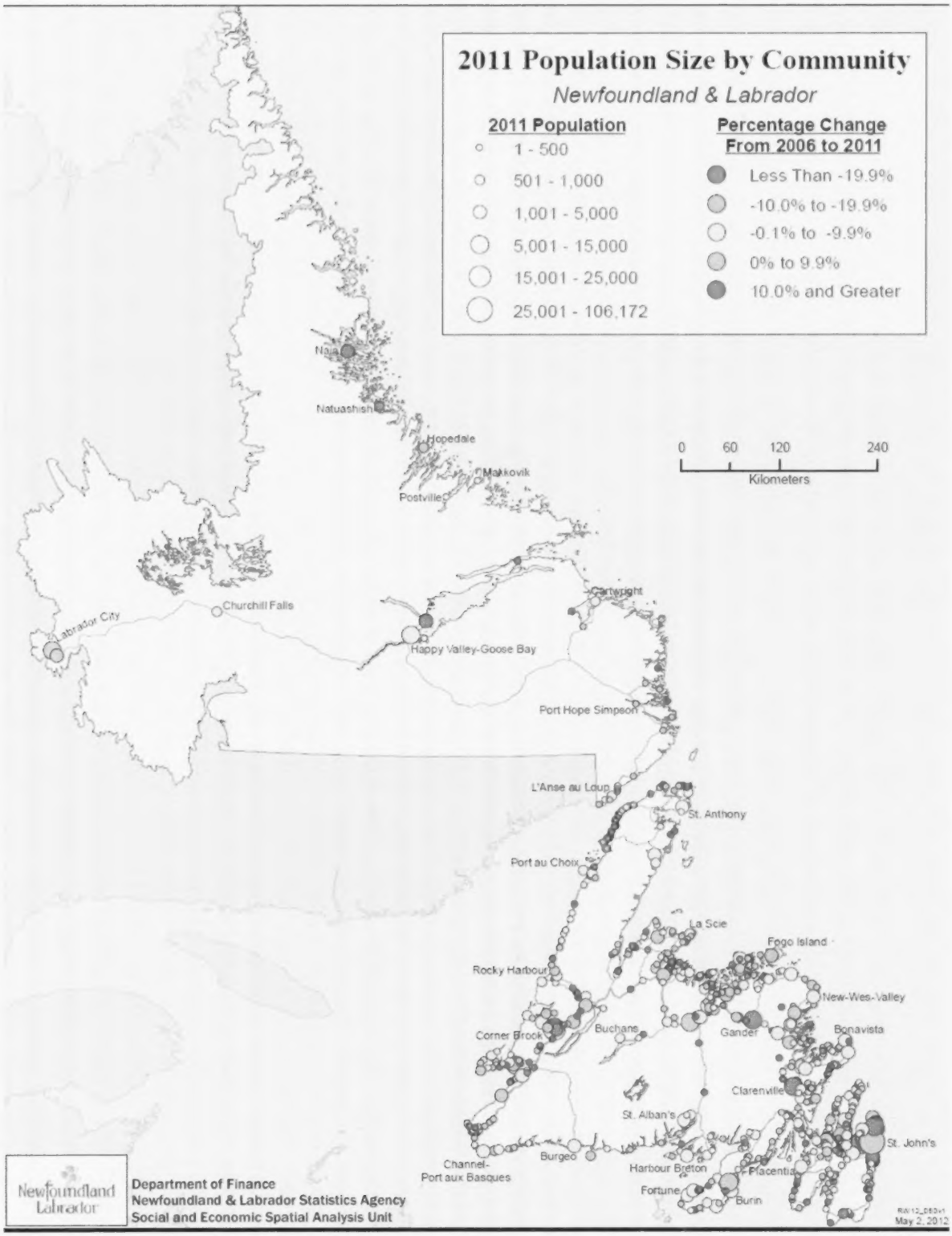
Indicators

- Completed an evaluation of the interRAI standardized mental health assessment tool implementation process.
- Completed an evaluation of the Patient Navigator Program administered by the regional health authorities.
- Completed an evaluation of *Improving Health: My Way a Chronic Disease Self-Management Program for Newfoundland and Labrador.*
- Initiated a review of the Provincial Cancer Screening Programs.

Strategic Issue #4 – Demographics and the Delivery of Health and Community Services

It is widely recognized that Newfoundland and Labrador has been undergoing significant demographic changes over the past several years. These ongoing shifts in the population are resulting in a smaller, older and more geographically dispersed population. Changing demographics has been identified by the department as a significant challenge in ensuring that the health and community services system is providing timely and appropriate health care to all residents of the province. In order to mitigate these demographic challenges, the department has invested considerable time and resources into identifying the future health care needs of the population and developing new models of service delivery to ensure residents of the province have access to the best health care possible.

Specifically, in 2012-13, the department identified needs and required improvements to information management and information technology; developed population projections for select health and community services; and adopted measures of system responsiveness and means of data collection in select programs and/or services. This work served to address the strategic directions of population health, access to priority services and accountability and stability of health and community services.



*This demographic map for Newfoundland and Labrador is based on 2011 Census data and cannot be updated until the 2016 Census.

STRATEGIC ISSUE #4: Demographics and the Delivery of Health and Community Services

GOAL:

By ***March 31, 2014***, *in response to changing demographics, the department will have ensured a more responsive health and community services system.*

Measure:

Ensured a more responsive health and community services system

Indicators

- Aligned organizational structure to support long-term care and community support services enhancements
- Implemented enhancements to the long-term care and community support services sector
- Strengthened policy frameworks
- Collaborated with partners on human resources and identification of emerging needs

Protective Community Residences, Corner Brook

Objective 2 By ***March 31, 2013***, the department will have developed an approach to respond to changing demographics.

Measure Developed an approach to respond to changing demographics

Indicators	2012-13 Progress
Identified needs and improvements in information management and information technology	In 2012-13, the department continued to work with the Newfoundland and Labrador Centre for Health Information to identify the need for a comprehensive electronic communicable disease surveillance system that would provide public health professionals with integrated tools that assist in monitoring, managing, and reporting on public health. The development of an Evaluation Plan for the Applied Behavioural Analysis (ABA) Program identified a need for client information, both demographic and clinical, to be collected electronically. As a result of this identified need, work commenced on the electronic collection of regional statistics to be compiled in a provincial database. Statistical forms are near finalization, with an expected date of implementation of September 2013. In 2012-13, the Mental Health and Addictions Division identified a need for better information management with respect to mental health services to improve access to these services. The Mental Health and Addictions Division worked with the Access and Clinical Efficiency Division in the department to identify gaps and data quality issues with respect to wait times associated with mental health services. The Mental Health and Addictions Division will continue to work with the RHA's to improve information management and the data quality issues identified.
Developed population projections for select health and community services	In 2011-12, the Long Term Care and Community Support Services Division partnered with the Economic and Statistics Branch of the Department of Finance to develop a Bed Projection Model for the Long Term Care Sector. Data collection in the RHAs began in 2012-13 and is currently being completed. Due to variations in the paper-based record management systems across RHAs, data extraction has been more challenging than anticipated in some cases. Preliminary model information is anticipated for the Fall of 2013. The model is expected to contribute to the identification of future trends and emerging issues, including geographical long term care needs. The Healthy Aging Policy Framework identifies strategies and policy directions in response to our aging population. The Office for Aging and Seniors continued to liaise with the Newfoundland and Labrador Statistics Agency in their development and maintenance of a seniors profile, including population projections, for the province to inform program/policy decision making.

Indicators	2012-13 Progress
Adopted measures of system responsiveness and means of data collection in select programs and/or services	Several measures were implemented in 2012-13 to respond to changing demographics. For example, the department funded additional human resources to continue implementation of the Minimum Data Set (MDS) and Residential Assessment Instrument (RAI) tools that will be utilized to determine care plans for individuals living in long term care facilities and for individuals residing in community settings. The department provided funding and staff resources to support home support growth, which is largely caused by our aging population. Additional subsidies were made available for eligible individuals for personal care homes, which is an important residential option for seniors who are no longer able to live independently in their own homes. Youth Outreach Workers provide intervention and outreach services to youth considered at risk of alcohol and drug use. Intervention and outreach is expected to decrease alcohol and drug use amongst youth and keep them in school. In 2012-13, the department began performance monitoring of this program, which included the collection of data to monitor the success of the program. A performance monitoring report, completed in September 2012, provided baseline indicators for monitoring that will serve to inform future evaluations. In addition, the information collected was used to cross-reference methodologies and data collection processes in order to improve consistency throughout the province. An outcome monitoring program for clients who complete addictions programming, known as the Recovery Aftercare Program, began in the four RHAs in February 2013. Aggregate data from the monitoring program will be used to help inform future planning for addictions treatment services.

Discussion of Results

In 2012-13 the department's approach in responding to changing demographics included being engaged in more active monitoring of its programs and services in order to adapt to the changing demographics of the province. For example, the department identified the need for better information management in the areas of communicable disease rates, applied behavioural analysis outcomes and mental health and addictions wait times which will aid the department in making more informed evidence-based decisions.

In addition, the department worked closely with the Newfoundland and Labrador Statistics Agency to develop a bed projection model, which will be used to identify future population needs in the province. The department also continued to work with the Newfoundland and Labrador Statistics Agency with respect to a Seniors Profile, which will be used to adjust and modify departmental programming based on the current and future demographics of the population.

In response to the changing demographics and associated health care needs, the department implemented several initiatives in the long term care sector aimed at responding to the aging population. For example, the department funded an increase in the number of subsidies available for eligible individuals for personal care homes, which is an important residential option for seniors who are no longer able to live independently in their own homes. The department also began data collection in the Youth Outreach Worker Program and the Recovery Aftercare Program to ensure we are identifying and adequately addressing the needs of the client.

In 2013-14 the department will continue to work toward adapting its programs and services to continue to meet the needs of its clients by implementing initiatives which address our changing demographics.

Objective 3 By ***March 31, 2014***, the department will have implemented initiatives to respond to changing demographics.

Measure Implemented initiatives to respond to changing demographics

Indicators

- Implemented Initiatives related to an aging population
- Implemented initiatives to address a geographically dispersed population

Opportunities and Challenges Ahead

Quality and Safety

The evaluation of priority health workforce planning initiatives and the analysis of trends in occurrence reporting will be the department's primary quality and safety focus. The coming year represents a tremendous strategic opportunity to use the information and lessons learned from the work that has already been completed in these areas to refine existing policies and programs and inform the development of new directions. Maintaining, and/or enhancing existing collaboration efforts and partnerships necessary to advance the department's 2013-14 strategic objectives, within existing resources, is expected to be a key challenge.

Access and Increased Efficiency

Significant investments are made each year to improve access to health care services such as reducing wait times, enhancing current program delivery and delivering programs with new and innovative technologies. The department is committed to improving access for the people of the province within its fiscal resources. To do this the department needs to strengthen programs and services to ensure that they are provided efficiently and on a timely basis. The department's investments in wait time strategies have resulted in Newfoundland and Labrador being a leader in the country in benchmark wait times. As a result of a $2 million investment in Budget 2013, the department will improve access to and decrease wait times for endoscopy services.

Building on the recent and ongoing operational improvement initiatives taking place at the RHAs, a clinical efficiency and management review will also be undertaken to highlight further efficiencies within the health care system. The goal of this review process will be to increase the value from health care investments while ensuring a sustainable, accessible health care system into the future.

With changing demographics, the department will continuously revisit its policies and programs to ensure the provision of timely and appropriate access to health and community services. The department will strive to provide the best health care possible to a smaller, older more dispersed population.

Population Health

Continuing to improve the department's focus on the continuum of healthy living and the prevention and management of chronic diseases, while strengthening the care of those who are ill, is critical to improving the quality of life and overall health outcomes of Newfoundlanders and Labradorians. It must also be recognized that while improvements start with early identification, prevention and an emphasis on promoting healthy living, these changes occur over long periods of time and, as such, will require long-term monitoring to determine the impact of initiatives on different populations within Newfoundland and Labrador.

Demographics and the Delivery of Health and Community Services

Given our vast geography and aging population, challenges exist in the coordination and delivery of health and community services. Statistics Canada estimates that by 2021, this province will have the highest proportion of seniors in Canada. Recognizing the growth of this province's aging population, the Provincial Government is committed to planning now to ensure that the needs of today's seniors are met and future needs are anticipated. Research has shown that increases in chronic disease rates accompany an aging population, and the province must be ready to respond. In this regard, continued efforts will be made to improve access for all residents of the province regardless of where they live. Monitoring healthy behaviours and population changes will also be necessary to ensure that the health care system can respond to the growing needs of our residents. Implementing initiatives to address the province's demographic challenges will be a priority in 2013-14.

Financial Statements

Department of Health & Community Services

Fiscal 2012/13

based on the Program Expenditures and Revenues of the Consolidated Revenue Fund for Fiscal Year ended 31 March 2013

		2012-13	
	Actual ($)	**Amended ($)**	**Original ($)**
Minister's Offce (1.1.01)	$439,069	$519,300	$519,300
General Administration (1.2.01 to 1.2.06)			
Total gross	$24,854,560	$30,931,600	$30,931,600
Less revenue - Federal	($20,238)	($1,000,000)	($1,000,000)
Less revenue - Provincial	($679,791)	($750,000)	($750,000)
Total net	$24,154,531	$29,181,600	$29,181,600
Memorial University Faculty of Medicine (2.1.01)	$54,151,600	$55,707,000	$55,707,000
Drug Subsidization (2.2.01)	$152,461,287	$154,067,200	$159,267,200
Medical Care Plan (2.3.01 to 2.3.02)			
Total gross	$470,812,463	$482,069,800	$474,234,700
Less revenue - Federal	$0	$0	$0
Less revenue - Provincial	($2,024,432)	($2,500,000)	($2,500,000)
Total net	$468,788,031	$479,569,800	$471,734,700
Regional Integrated Health Authorities and Related Services (3.1.01 to 3.1.02)			
Total gross	$2,018,411,690	$2,056,644,600	$2,059,010,700
Less revenue - Federal	($3,691,051)	($3,556,500)	($3,556,500)
Less revenue - Provincial	($22,131,098)	($19,566,000)	($19,566,000)
Total net	$1,992,589,541	$2,033,522,100	$2,035,888,200
CAPITAL			
Furnishings and Equipment (3.2.01)	$52,556,241	$58,032,500	$58,032,500
Health Care Facilities (3.2.02)	$141,589,933	$160,650,700	$159,650,700
Total Health Care Facilities and Equipment	$194,146,174	$218,683,200	$217,683,200
Total Department			
Total gross	$2,915,276,842	$2,998,622,700	$2,997,353,700
Less revenue - Federal	($3,711,289)	($4,556,500)	($4,556,500)
Less revenue - Provincial	($24,835,321)	($22,816,000)	($22,816,000)
Total net	$2,886,730,232	$2,971,250,200	$2,969,981,200

Appendix A: Mandate

The following mandate describes the responsibilities of the Department of Health and Community Services[5]:

To provide leadership, coordination, monitoring and support to the regional health authorities and other entities who deliver programs and services ensuring quality, efficiency and effectiveness in the following areas:

- The preservation and promotion of health;
- The prevention and control of disease;
- Public health and the enforcement of public health standards;
- The administration of health care facilities;
- Access and clinical efficiency;
- Programs for seniors, persons with disabilities and persons with mental health and addictions issues as well as long term care and community support services;
- Health professional education and training programs; and
- The control, possession, handling, keeping and sale of food and drugs.

To effectively administer and provide funding for the following:

- Insured medical and hospital services;
- Dental and pharmaceutical services for eligible individuals;
- Grants to select community agencies in support of the department's mandate; and
- The purchase of seats and bursary programs for students in select professional or technical fields connected with health and community services.

5. The department mandate was revised in 2012-13 as a result of planning processes undertaken within the department.

Appendix B:
Entities Reporting to the Minister

Under the *Transparency and Accountability Act*, the following Provincial Government entities are provided with the Strategic Directions of the Provincial Government and also prepare plans and annual reports in keeping with their categorization under that *Act:*

1. Eastern Health Authority
2. Central Health Authority
3. Western Health Authority
4. Labrador-Grenfell Health Authority
5. Public Health Laboratory
6. Newfoundland and Labrador Centre for Health Information
7. Medical Consultants' Committee
8. Mental Health Care and Treatment Review Board
9. Provincial Advisory Council on Aging and Seniors
10. Health Research Ethics Authority
11. Provincial Mental Health and Addictions Advisory Council
12. Provincial Cancer Control Advisory Committee
13. Provincial Wellness Advisory Council

Department of Health and Community Services
1st Floor, Confederation Building, West Block, P.O. Box 8700, St. John's, NL A1B 4J6
t: 709.729.4984 f: 709.729.5824 e: healthinfo@gov.nl.ca w: www.gov.nl.ca/health

Newfoundland Labrador
Health and Community Services